

Adding a New Practitioner to a Delegated Organizational Provider



Adding a New Practitioner

Currently contracted delegated organizational providers may use this form to request that a new practitioner be affiliated with their organization in our claim processing system. All practitioners must be entered into this system for claims and authorizations to be processed correctly.

Delegated Organizational providers are responsible for credentialing their practitioners** in order to meet the Medicaid regulations outlined in the Health Share Behavioral Health Provider Manual.

**A delegated organization is defined as an organization that holds a contract with CareOregon that includes a delegation credentialing exhibit.

Please type or print clearly

Date form completed: _____
Name of person completing form: _____
Organization name: _____
Organization Tax ID (TIN/EIN): _____ Organization NPI: _____
Practitioner first name: _____ Practitioner last name: _____
Practitioner license type/ credential(s): _____
Practitioner NPI: _____ Practitioner Medicaid ID: _____
Practitioner taxonomy code: _____
Practitioner credentialed date (MM/DD/YYYY) with organization: _____
Primary practitioner office location: _____
Secondary practitioner office location: _____

This information should be provided for each practitioner who will submit claims under the Delegated Organizational Provider.

All practitioner data should be sent via email to BHProviderDataUpdates@careoregon.org

Last Updated: September 2023